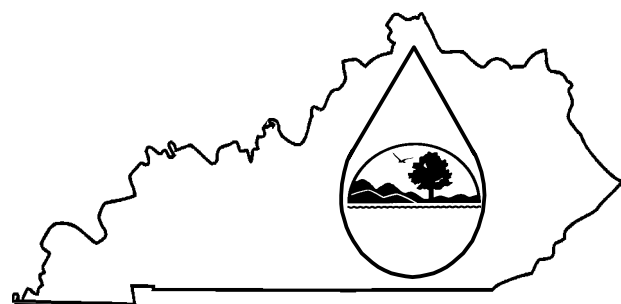


# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: Surface Water Permits Branch, (502) 564-3410.

NAME OF FACILITY: CAM Mining, LLC Millard Deep Mine										
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE						
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)										
B. How many days per week?				6						
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Number of employees and operational shifts to be operated and maintained by the facility.										
B. If new discharger, indicate anticipated discharge date:				May, 2010						
C. Indicate the design capacity of the treatment system:				0.003 MGD						

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
005	37	18	44	82	28	34	Marrowbone Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
005	Sanitary Wastewater	0.003 MGD	Chlorine Treatment	5-F

**V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No

**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake:  
☐ Publicly-owned treatment works (POTW).      Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year.\* (Indicate units).**

<input checked="" type="checkbox"/>	Antimony	<0.002 mg/l
<input checked="" type="checkbox"/>	Arsenic	0.001 mg/l
<input checked="" type="checkbox"/>	Beryllium	<0.0002 mg/l
<input checked="" type="checkbox"/>	Cadmium	<0.0002 mg/l
<input checked="" type="checkbox"/>	Chromium	0.001 mg/l

<input checked="" type="checkbox"/>	Copper	0.002 mg/l
<input checked="" type="checkbox"/>	Lead	<0.001 mg/l
<input checked="" type="checkbox"/>	Mercury	<0.0002 mg/l
<input checked="" type="checkbox"/>	Nickel	0.018 mg/l
<input checked="" type="checkbox"/>	Selenium	<0.002 mg/l

<input checked="" type="checkbox"/>	Silver	<0.001mg/l
<input checked="" type="checkbox"/>	Thallium	<0.0007 mg/l
<input checked="" type="checkbox"/>	Zinc	<0.005
<input type="checkbox"/>		
<input type="checkbox"/>		

\*Analysis conducted per KPDES Effluent Characteristic Guidelines. Sample taken from pond directly in series with this discharge and not directly from proposed wastewater discharge.

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:		(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	(If discharge is from an overflow point, the information below must be completed.)	
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Marrowbone Mine Portal	65
<b>TOTAL POPULATION SERVED</b>	65

<b>XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS</b>		
<b>Additive</b>	<b>Composition</b>	<b>Concentration (mg/l)</b>


<b>XII. EFFLUENT CHARACTERISTICS*</b>			
A. Indicate results of analysis for pollutants listed below.			
<b>POLLUTANT/PARAMETER</b>	<b>MAX DAILY VALUE</b>	<b>AVG DAILY VALUE</b>	<b>NUMBER OF SAMPLES</b>
BOD <sub>5</sub>	<3 mg/l		1
TOTAL SUSPENDED SOLIDS	14 mg/l		1
FECAL COLIFORM <input type="checkbox"/> Or E.COLI <input checked="" type="checkbox"/>	<1 mg/l		1
TOTAL RESIDUAL CHLORINE	0 mg/l		1
OIL AND GREASE	4.2 mg/l		1
CHEMICAL OXYGEN DEMAND	<4 mg/l		1
TOTAL ORGANIC CARBON	1.89 mg/l		1
AMMONIA	<0.05 mg/l		1
DISCHARGE FLOW	<0.003 MGD		1
pH	7.32 SU		1
TEMPERATURE (WINTER)	3.1°C		1
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	None to date
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\*Analysis conducted per KPDES Effluent Characteristic Guidelines. Sample taken from pond directly in series with this discharge and not directly from proposed wastewater discharge.

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Ronald G. Hull	606-444-7300
SIGNATURE 	DATE March 1, 2010

FormSC